Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial account numbers must include only the last four digits (e.g., xxx-xx-1234)
- Birth dates must include the year of birth only (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by initials only (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

BOL (West Rock) MV (Police Report) Work Act Stat. Rep.

PMA Co-Financial Rep.

Par. Med. List
Thomas Seff 10/10/14

Clinical Act. 44

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В.	agency, an organization,	should state the full name of the defendants, even if that defendant is a government a corporation, or an individual. Include the address where each defendant can be ne defendant(s) listed below are identical to those contained in the above caption. of paper as necessary.
D (
Deten	dant No. 1	Name Westrock CP LLC Street Address 6400 POPLAR Auto.
		III. Statement of Claim:
		State & Zip Code Memphis, TN 38119-4844
		State & Zip Code //On ph/5, 170 3977/77/
Defen	dant No. 2	Name
		Street Address
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		State & Zip Code
Defen	dant No. 3	Name
		Street Address
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Defen	dant No. 4	Name
		Street Address
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		State & Zip Code
II.	Basis for Jurisdiction:	
involv case in 1332,	ring a federal question and convolving the United States C	d jurisdiction. Only two types of cases can be heard in federal court: cases asses involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § one state sues a citizen of another state and the amount in damages is more than ip case.
A.	What is the basis for fedo Q Federal Questions	eral court jurisdiction? (check all that apply) O Diversity of Citizenship
В.		on is Federal Question, what federal Constitutional, statutory or treaty right is at
	issue?	of harmony participation of the contraction
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-2-Rev. 10/2009

Plaintiff(s) state(s) of citizenship Defendant(s) state(s) of citizenship III. Statement of Claim: State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary. A. Where did the events giving rise to your claim(s) occur? Charletter the facts of paper as necessary. B. What date and approximate time did the events giving rise to your claim(s) occur? Tag way 13, 2022 eggly morning, the fundamental paragraph. The fundamental paragraph and the facts of the events giving rise to your claim(s) occur?	
State as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary. A. Where did the events giving rise to your claim(s) occur? Cing Cing H. Ohio What date and approximate time did the events giving rise to your claim(s) occur?	
State as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary. A. Where did the events giving rise to your claim(s) occur? Ciag Ciag the Ohio What date and approximate time did the events giving rise to your claim(s) occur?	
State as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary. A. Where did the events giving rise to your claim(s) occur? Cing Cing the Dhio What date and approximate time did the events giving rise to your claim(s) occur?	
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who is responsible for correctly loading my trailer to operate safely.	
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IV.	Injuries

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Exclose from \$6 CKet, exclose

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and

the basis for such compensation.	
Bring my care in front of Westrack CPLLC	
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- 4 -

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I declare under penalty of perjury that the	ne foregoing is true and correct.
Signed this day ofOctobe	R, 2024.
	and many the least of the second and the benings of
	Signature of Plaintiff
	Mailing Address
THAT THOMAS	315 S. Broad st
	Philadulphia, PA 19107
	Telephone Number 856 214 1596
	Fax Number (if you have one)
	E-mail Address Arizen 1000 @ gmgil - Con
and the state of t	77 1000 000 11000
	of the complaint must date and sign the complaint. Prisoners must also
provide their inmate numbers, pres	ent place of confinement, and address.
For Prisoners:	
I declare under penalty of perjury that on thi	s day of, 20 , I am delivering
this complaint to prison authorities to be ma	iled to the Clerk's Office of the United States District Court for the
Eastern District of Pennsylvania.	
Herekin De William	
	I tone design love to
	Signature of Plaintiff:
	Inmate Number

STRAIGHT BILL OF LADING.-SHORT FORM.-Original.-Not Negotiable
Received; subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original bill of Lading.

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From: West Point Mill

INTERNATIONAL PAPER
IP.
CONTAINERBOARD OPERATIONS 9-74
6400 POPLAR AVE.
MEMPHIS
TN
38119-4844

Unit of Meas: English Carrier: Western Express INC

Vehicle ID#: v08168

Vehicle Type: truck

FOB: FOB-MILL

Seal #: 2723633

WestRock CP, LLC

The property described below, in apparent good order except as noted (contents and contilition of scalents of packages unknown), marked, consigned and destined as indicated pelox; which said carrier (the voord earlier below, understood throughout this contracts as meaning any person or corporation in possession of the property unear the contract) agrees to carry on unwall place of delivery at said destination, if on its route, or contracts to deliver to another carrier on the route to said destination. It is mufusify agreed, as to each carrier of all or any of said property over all or any portion of said volve to said destination, and said to each party at any form size and or of said property over all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of into Lubicom Commant's Straight Bill of Luding set forth (1) Official, Southern, Western and Illinois Fright (Cassifications in effect on the date hereof, Pfriye's a rail or a rejuventer shipment, or (2) in the applicable motor carrier shipment, louding those or in the back thereof, set forth the destination or latiff which governs the transportation of this shipment, and the said terms and conditions or the said terms and conditions of the said by the shipper and accepted for himself and his afreignes.

Manifest #: 545750 Manifest Date: Jan 12 2022 10:21PM

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Rock CP, LLC

19th & Main Street

Nest Point

Virginia 23181

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1 EXPRESS, WESTERN	MIDDLE (L) SAME AS DRIVER)	1 64 10650	WNER PHONE:INCLUDE ARE 800-316	7160	DA	MAGE SCALE
OWNER ADDRESS: STREET, CITY, STATE, Z	IP (☐ SAME AS DRIVER)		800-310	-7100	1 - NONE	3 - FUNCTIONAL DAMAGE
7135 CENTENNIAL PL, NASH					4 2 - MINOR DAMA	GE 4 - DISABLING DAMAGE
COMMERCIAL CARRIER: NAME, ADDRES			COMMERCIAL CARRIER PHO	NE: INCLUDE ARFA CODE		JNKNOWN
WESTERN EXPRESS, 7135 CEN	ITENNIAL PL, NASHV	LLE, TN, 3	800-316	-7160		AGÉÓ AREA(S)
LP STATE LICENSE PLATE #	VEHICLE ID	ENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	INDICAT	E ALL THAT APPLY
TN J5526HY	3HSDZAF	R5KN310857	2019	INTERNATIONAL	12	12 1
INSURANCE INSURANCE COMPA	NY INSU	RANCE POLICY #	COLOR	VEHICLE MODEL	11 12	12
VERIFIED	906EQ578-	1 984		OTHER/UNKNOWN	10 11 2	10 11 1 2
TYPE OF USE	IN EMERGENCY I	US DOT#	TOWED BY: COMPANY NA	AME	0 2 3	
X COMMERCIAL GOVERNMENT	PESPONSE	511412 WEIGHT GVWR/GCWR	MILLENNIUM	MATERIAL	8 4	- 101 -
DEVICE HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.	MATERIAL CLAS	S# PLACARD ID#	8 7 5 4	8 7 8 5 4
EQUIPPED	1 1 3	2 - 10.001 - 26K LBS. 3 - > 26K LBS.	RELEASED PLACARD		7 6 5	12 7 5
1 - PASSENGER CAR 6 - V	AN (9-15 SEATS) 12 -		O (LIVERY VEHICLE) 23 -	PEDESTRIAN/SKATER	6 11	6
1 15 1		CINICIETABLE	(WHEELCHAIR (ANY TYPE)	10	11 2
(100041014) 8-10	OTORCYCLE 3-WHEELED 14 - JTOCYCLE	TRUCK		OTHER NON-MOTORIST BICYCLE	MO COMMING TO A	10 2
VEHICLE 10 - 1	MOPED OR MOTORIZED 15	SEMI-TRACTOR		TRAIN	9	3 H 3 J
1 1,771			MAL-DRAWN VEHICLE 99 -		7.	71115 74
, (ATV	/UTV)	MOTORITOME		Marwin I I	X SWAY STAY OF STAY	6 13
# of TRAILING UNITS				FOR COLUMN	11 12	6 11 1
WAS VEHICLE OPERATING IN A MODE WHEN CRASH OCCURRE		NO AUTOMATION 3 - C	CONDITIONAL AUTOMATION	9 - OTHER/UNKNOWN	10	10 12 1 2
. 2 .	1.		HIGH AUTOMATION	ONCERNARIA S	10 2	10 2
1 - YES 2 - NO 9 - OTHER/	JNKNOWN AUTONOMOUS 2 - MODE LEVEL	PARTIAL AUTOMATION 5 - F	TULL AUTOMATION	MO-GABILLE	9 9 3 3	9 9 3
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER	T : 7	1 3 7
1 , 2-TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN	8 6 5 7	B 3
3 - ELECTRONIC RIDE SPECIAL SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY	18 - SNOW REMOVAL 19 - TOWING		7 6 5	7 6 5
FUNCTION 4 - SCHOOL TRANSPORT	10 - AMBULANCE		20 - SAFETY SERVICE	27470	PHYSICIAN SHERICARD	ANDSHIP SIEMEON [
5 - BUS - TRANSIT/COMMUTE	ARGEL THOMP	ASSA ENUM	PATROL			12 12 12
1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN	12	
CARGO 2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER	NOVING MORE.	R MR.	3 9 1 3 9 3 3
BODY 3 - VEHICLE TOWING	6 - CARGOVAN /ENCLOSED BOX	10 - FLAT BED	14 - GARBAGE/REFUSE		,00, ,	4
TYPE			1		6	HOME OF THE OWNER OWNER OF THE OWNER O
1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR	99 - OTHER / UNKNOWN	a-r-	6 6 6
VEHICLE 3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT	YOUR	5-2 1 1	STUDENTIAL TO SEE S
DEFECTS	giaro n	The state of the s	ig .iig i. ahar genka.	BEALDRONE ADDRESS	- NO DAMAGE	0] UNDERCARRIAGE [14]
1 - INTERSECTION - I MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS	99 - OTHER / UNKNOWN	□-TOP[13]	- ALL AREAS [15]
NON- 2 - INTERSECTION -	5 - TRAVEL LANE -	8 - SIDEWALK 9 - MEDIAN/CROSSING	OR TRAILS			
LOCATION 3 - INTERSECTION - OTHER	6 - BICYCLE LANE	ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE		∐- vi	NIT NOT AT SCENE [16]
1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	15 - WALKING, RUNNING,	21 - STANDING OUTSIDE	INITIAL	POINT OF CONTACT
2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANES	LANE 10 - PARKED	JOGGING, PLAYING 16 - WORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMA	GE 14 - UNDERCARRIAGE
3 3-STRIKING 1		11 - SLOWING OR STOPPED	17 - PUSHING VEHICLE	33 - OTTERY ORKROWN	9 1-12 - REFER 1	O UNIT 15 - VEHICLE NOT AT SCENE
ACTION A STRUCK PRE-CRAS	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC	18 - APPROACHING OR LEAVING VEHICLE		DIAGRA	M 99 - UNKNOWN
5 - BOTH STRIKING		12 - DRIVERLESS 13 - NEGOTIATING A CURVE	19 - STANDING		13 - TOP	
& STRUCK 9 - OTHER / UNKNOWN	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIS	T		TRAFFIC
1 - NONE	8 - FOLLOWING TOO CLOSE		18 - OPERATING DEFECTIVE		TRAFFICWAY FLOW	TRAFFIC CONTROL
2 - FAILURE TO YIELD	/ACDA	A PARKED POSITION	EQUIPMENT	ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN
5 - UNSAFE SPEED	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING 21 - LYING IN ROADWAY			3 - FLASHER 6 - NO CONTROL
CONTRIBUTING 6 - IMPROPER TURN CIRCUMSTANCES 7 - LEFT OF CENTER	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY 17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE		# of THROUGH LANES	RAIL GRADE CROSSING
					ON ROAD	1 - NOT INVLOVED
SEQUENCE OF EVENTS		PLIPAITE			121	2 - INVOLVED-ACTIVE CROSSING
1 , 1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	EVENTS 12 - DOWNHILL RUNAWAY		23 - STRUCK BY FALLING,		3 - INVOLVED-PASSIVE CROSSING
1 2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT / NON	I-MOTORIST DIRECTION
3 - IMMERSION 4 - JACKKNIFE	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PARKED MOTOR	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST
2 5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM	VEHICLE 22 - WORK ZONE	24 - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST
6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER	MAINTENANCE	OBJECT	FROM 1 TO 2	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
3	COLLISIO	N WITH FIXED OBJECT - S	EQUIPMENT			9 - OTHER / UNKNOW
25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT	52 - BUILDING	DISPATOR DEL	ENDT V STATO GETTIONED HEAVED
4 CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE 47 - MAILBOX	53 - TUNNEL 54 - OTHER FIXED	UNIT SPEED	DETECTED SPEED
STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE	48 - TREE 49 - FIRE HYDRANT	OBJECT 99 - OTHER / UNKNOWN	, 50 ,	1 - STATED / ESTIMATED SPEED
27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE	OR SUPPORT	50 - WORK ZONE MAINTENANCE	,	30	WOTA COST STORY CONTRACTOR
6 28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT 43 - CURB	EQUIPMENT		POSTED SPEED	2 - CALCULATED / EDR
30 - GUARDRAIL FACE	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL			3 - UNDETERMINED
1 FIRST HARMFUL EVE	NT 1 1 MOST	ARMFUL EVENT			25	

PHOTOS TAKEN OH -2	OH -3	OCAL INFORMATION	MINDE MINDATORY HELLIGA	UPPLEMENT REPORT	Page 11 c	22500	
SECONDARY CRASH		PORTING AGENCY NAME *	n Dynamic and an area	NCIC *	HIT/SKIP	NUMBER OF U	
PRIVATE PRO	OPERTY Cir	ncinnati Police Dept	0317 81 8 1 8 7 1 5 0	CIPOO I	1 - SOLVED 2 - UNSOLVED	L 1	1 1 98 - ANIMAL
31 1 1 2 - VILLAGE CIN	CATION: CITY. V	/ILLAGE. TOWNSHIP*		5.1.00	CRASH DATE	MAT STATE	CRASH SEVERITY 1 - FATAL
3 - TOWNSHIP	18	CATION DO .	AND PROPERTY OF THE PARTY OF TH		01/13/2022		2 - SERIOUS INJURY
IR 71 1 1 3	2 - SOUTH 3 - EAST 4 - WEST	OCATION ROAD NAME	DIPSY ARVADORS	ROAD TYPE	39.0998		3 - MINOR INJURY SUSPECTED
	1 - NORTH RE	FERENCE ROAD NAME (RO	AD MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	FCIMAL DEGREES	4 - INJURY POSSIBLE
3	B - EAST 1 4 - WEST 1	2	иланто 1	MP	-84.503		5 - PROPERTY DAMA ONLY
1 - INTERSECTION DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TY	State of the state		INTERSECTIO	
2 12 - MILE POST 1 - NOI	JTH I	TERSTATE ROUTE (TP)	AL - ALLEY HW - HIGH	WAY RD - ROAD SQ - SQUARE	WITHIN INTER	RSECTION OR ON	APPROACH
3 - HOUSE # 3 - EAS 4 - WES	US - FE	DERAL US ROUTE	BL - BOULEVARD MP - MILEPI		WITHIN INTER	CHANCE ADEA	TERRESPONDE TO THE STATE OF THE
		ATE ROUTE	CR - CIRCLE OV - OVAL	TE - TERRACE	WITHIN INTER	CHANGE AREA	NUMBER OF APPROA
DISTANCE FROM REFERENCE UNIT OF MEASU 1 - MIL		JMBERED COUNTY ROUTE	CT - COURT PK - PARKW			ROAD	WAY
2 - FEE 3 - YAF	TR - NL	JMBERED TOWNSHIP	DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	WA - WAY	ROADWAYD	IVIDED	
LOCATION OF FIRST HARM			MANNER OF CRASH COLLISION	LUMBACT	DIRECTION OF TRAV	/FI	MEDIAN TYPE
1 - ON ROADWAY 9 - CF	ROSSOVER	1 . 1-	NOT COLLISION 4 - REAR-TO-R		1~ NORTH		DIVIDED FLUSH MEDIAN
	DRIVEWAY/ALL RAILWAY GRAD	EY ACCESS	BETWEEN 5 - BACKING		2 - SOUTH	THE RESERVE AND THE PARTY AND	<4 FEET)
	SHARED USE PA	ATHS OR	TWO MOTOR 6 - ANGLE VEHICLES IN		3 - EAST	2-0	DIVIDED FLUSH MEDIAN
5 - ON GORE T	RAILS		TRANSPORT 7 - SIDESWIPE,	SAME DIRECTION	4 - WEST		≥4 FEET) DIVIDED, DEPRESSED MEDIAN
	TOLL BOOTH		MEAN-LIND	OPPOSITE DIRECTION	TOWN AS MANUFACTURED		DIVIDED, RAISED MEDIAN
	OTHER / UNKN		HEAD-ON 9 - OTHER / UI	NKNOWN	479 FOW	(4	ANY TYPE)
WORK ZONE RELATED		WORK ZONE TYPE	LOCATION OF CR.	IN MORY 7515	CONTOUR	CONDITIO	OTHER / UNKNOWN ONS SURFACE
		NE CLOSURE	LOCATION OF CRASH	1ST WORK ZONE		1	THE REPORT OF THE PARTY.
WORKERS PRESENT	2 - LA	NE SHIFT/ CROSSOVER	WARNING S		4		2
LAW ENFORCEMENT PRESENT		ORK ON SHOULDER	2 - ADVANCE W		1 - STRAIGHT	1 - DRY	1 - CONCRETE
Actor and a second a second and		MEDIAN	3 - TRANSITION	J AREA	LEVEL	2 - WET	2 - BLACKTOP,
				IFA.	2 - STRAIGHT	PROTECTION AND ADDRESS OF THE PARTY OF THE P	THE RESIDENCE OF THE PROPERTY OF THE PARTY O
ACTIVE SCHOOL ZONE	4 - IN	TERMITTENT OR MOVING W	ORK 4 - ACTIVITY AR		2 - STRAIGHT GRADE	3 - SNOW 4 - ICE	THE RESIDENCE OF THE PROPERTY
		TERMITTENT OR MOVING W			GRADE 3 - CURVE LEVEL	3 - SNOW 4 - ICE 5 - SAND, MUD	BITUMINOUS ASPHALT 3 - BRICK/BLOCK
ACTIVE SCHOOL ZONE LIGHT CONDITION 1 - DAYLIGHT	4 - IN	TERMITTENT OR MOVING WI HER	ORK 4 - ACTIVITY AR 5 - TERMINATIO		GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE 5 - SAND, MUD OIL, GRAVE	BITUMINOUS, ASPHALT D, DIRT, 3 - BRICK/BLOCK L 4 - SLAG , GRAVE
LIGHT CONDITION 1 - DAYLIGHT	4 - IN	TERMITTENT OR MOVING WITHER 1 - CLEAR	ORK 4 - ACTIVITY AR 5 - TERMINATIO WEATHER 6 - SNOW		GRADE 3 - CURVE LEVEL	3 - SNOW 4 - ICE 5 - SAND, MUD	BITUMINOUS ASPHALT D, DIRT, 3 - BRICK/BLOCK L 4 - SLAG, GRAV
LIGHT CONDITION 1 - DAYLIGHT	4 - IN	TERMITTENT OR MOVING WITHER 1 - CLEAR 1 2 - CLOUDY	ORK 4 - ACTIVITY AR 5 - TERMINATIO WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS	ON AREA	GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER	3 - SNOW 4 - ICE 5 - SAND, MUD OIL, GRAVE 6 - WATER (STA	BITUMINOUS ASPHALT 3 - BRICK/BLOCI L 4 - SLAG , GRAV STONE 5 - DIRT 9 - OTHER
LIGHT CONDITION 1 - DAYLIGHT 3 2 - DAWN/DUSK	4 - INT 5 - OT	TERMITTENT OR MOVING WITHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SM	ORK 4 - ACTIVITY AR 5 - TERMINATIO WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS MOKE 8 - BLOWING SAND, SOIL,	DI AREA	GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER	3 - SNOW 4 - ICE 5 - SAND, MUD OIL, GRAVE 6 - WATER (STA MOVING)	BITUMINOUS ASPHALT 3 - BRICK/BLOCI L 4 - SLAG , GRAV STONE 5 - DIRT 9 - OTHER
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3 - DAYLIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTI 5 - DARK - UNKNOWN ROADWAY 9 - OTHER / UNKNOWN	4 - IN1 5 - OT	TERMITTENT OR MOVING WITHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SM 4 - RAIN	ORK 4 - ACTIVITY AR 5 - TERMINATION WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS MOKE 8 - BLOWING SAND, SOIL, 9 - FREEZING RAIN OR FRE	DI AREA	GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER	3 - SNOW 4 - ICE 5 - SAND, MUD OIL, GRAVE 6 - WATER (STA MOVING) 7 - SLUSH	BITUMINOUS ASPHALT 3 - BRICK/BLOCK L 4 - SLAG , GRAVI STONE 5 - DIRT 9 - OTHER
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Case 3:25-cv-00201-RCY Document 2 Filed 10/29/24 Page 12 of 17 PageID# 17 2920 N. Stemmons Fwy. Dallas, TX 75247 Fax: 214-905-1323 Phone: +12146302331 Service Date: 09/26/2023 Claim Number: Case Date: 01/13/2023 **Work Activity Status Report** X pl Patient: Kevin Rice Last 4 Digits of SSN: XXX-XX-4796 Date of Birth: 05/01/1977 Contact: Judy Larson Address: 203 South 12th St PHOENIX AZ Employer Location: Western Express-7135 85007 Role: Primary Contact Address: 7135 Centennial PI Nashville , TN 37209-Home: +16232364935 1033 Phone: +16158465885 Work: **Authorized by:** Fax: 515-573-5260 THIS VISIT Visit Type: Medical Initial Time In: 12:06:00 PM Time Out: 02:25:48 PM Treating Clinician: Kathryn Winick, M.D. Diagnoses: Medications: Dispensed prescription medication Severe head trauma (S09.90XA) Concussion with loss of consciousness (S06.0X9A) Dispensed over-the-counter medication Facial trauma (S09.93XA) Medication(s) prescribed Trauma to left eye (S05.92XA) Over-the-counter medications at Non-Prescription strength S/P eye surgery (Z98.890) were recommended **PATIENT STATUS** Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work. Returning for evaluation by the treating doctor 1 week Work Status Will allow the employee to RETURN TO WORK - WITH THE RESTRICTIONS identified below as of: 09/26/2023 Patient may work their entire shift **Activity Prescription:** Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day Restrictions specific to: head Cannot drive CMV - disqualified Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

Visit Type:

Clinician:

Medical Therapy Specialist

your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic.

Thank you for your cooperation.

Clinician:

Medical Therapy Specialist

Wathryn A Winick, MD

Kathryn A Winick, MD

ivity Status Report

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Concentra'



PMA CALL CENTER

(888) 476-2669

IF YOU HAVE ANY QUESTIONS PLEASE CALL:

ADVICE DATE: 08/21/24 ADVICE AMT: \$864.00 PAY PERIOD: 08/10/24-08/23/24

ADVICE NO.: 800547075Z

PD TO DATE: \$73,563.08 RATE.....: \$540.00 VOUCHER NO: C109136111

BILL NO...:

ACCIDENT DT: 01/13/22

PAYMNT TYPE: WORKERS' COMPENSATION INSURED....: WESTERN EXPRESS, INC

CLAIM NO...: W003612503 POLICY NO. .: 2021759283714

INVOICE NO.: INVOICE DT .: INVOICE AMT: IRS NUMBER .: PATIENT ID .:

INJURED....: KEVIN RICE

Page 1 of 1

THRU

KEVIN C RICE

907 HAMILTON STREET

PHILADELPHIA PA 19107

BILLING CODE DESCRIPTION

BILLED AMT

PAYMENT AMT

864.00

REASON

EXPLANATION OF BENEFITS

Payment Type : TEMPORARY TOTAL DISABILITY

ONGOING PAYMENT REDISTRIBUTION - CLAIMANT ATTORNEY FEE

NET AMOUNT

Memo: CLAIM W003612503

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material therto commits a fraudulant insurance act, which is a crime and subjects such person to criminal and civil penalties."



800547075Z	08/21/24	*******864.00
ADVICE NUMBER	DATE	ADVICE

WELLS FARGO BANK N.A.

ADVICE

Eight Hundred And Sixty Four And 00/100 US Dollars

TO THE **ORDER** OF

KEVIN C RICE 907 HAMILTON STREET PHILADELPHIA PA 19107

THIS IS NOT A CHECK

NON-NEGOTIABLE

VOIDNON-NEGOTIABLE**VOID**



KEVIN C RICE 907 HAMILTON STREET PHILADELPHIA PA 19107

Changes to Your Medication List

ASK your doctor about these medications

3 ASK	bacitracin-polymyxin B ophthalmic ointment Commonly known as: POLYSPORIN	Apply to left eye every 6 (six) hours.
2 ASK	diphenhydrAMINE 25 mg capsule Commonly known as: BENADRYL	Take 1 capsule (25 mg total) by mouth every 6 (six) hours as needed (migraine cocktail).
3 ASK	DULoxetine 20 mg capsule Commonly known as: CYMBALTA	Take 2 capsules (40 mg total) by mouth daily for 28 days.
? ASK	hydroCHLOROthiazide 25 mg tablet	Take 1 tablet (25 mg total) by mouth daily.
? ASK	ibuprofen 600 mg tablet Commonly known as: ADVIL	Take 1 tablet (600 mg total) by mouth every 6 (six) hours as needed for headaches.
2 ASK	metoclopramide 10 mg tablet Commonly known as: REGLAN	Take 1 tablet (10 mg total) by mouth every 6 (six) hours as needed (migraine cocktail).
2 ASK	naloxone 4 mg/actuation spray,non-aerosol nasal spray Commonly known as: NARCAN	Administer into affected nostril(s).
? ASK	oxyCODONE 5 mg capsule Commonly known as: OXY-IR	Take 5 mg by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-6/10).
2 ASK	oxyCODONE-acetaminophen 5-325 mg per tablet Commonly known as: PERCOCET	Take 1 tablet by mouth every 6 (six) hours as needed for severe pain (pain scale 7-10/10) for up to 5 days.
P ASK	SUMAtriptan 50 mg tablet Commonly known as: Imitrex	Take 1 tablet (50 mg total) by mouth once as needed for migraine. May repeat dose once in 2 hours if no relief. Do not exceed 2 doses in 24 hours.
2 ASK	traZODone 50 mg tablet Commonly known as: DESYREL	Take 1 tablet (50 mg total) by mouth nightly for 14 days.



Thomas Jefferson University Hospitals - Department of Radiology

132 S. 10th Street Philadelphia, PA 19107

Phone: 215-955-6226 Fax: 215-923-5791

Center City Division/Jefferson Outpatient Imaging

10/10/2024

Kevin Rice 315 SOUTH BROAD STREET UNIT 0501

PHILADELPHIA, PA, 19107

Dear Kevin Rice,

Pennsylvania law, The Patient Test Result Information Act, now requires Jefferson Health to notify patients that a finding on an imaging test requires further follow-up.

According to our records, you received the following diagnostic imaging services on 10/10/2024 as ordered by Dr. SRUTI TEKUMALLA.

CT CHEST ABDOMEN PELVIS W CONTRAST

The results of these services were forwarded to your ordering health care practitioner on 10/10/2024 1:22:00 PM.

The results of these services were forwarded to your ordering health care practitioner on 10/10/2024 1:22:00 PM.

You are receiving this notice as a result of a determination by your diagnostic imaging service that further discussions of your test results are warranted and would be beneficial to you. The complete results of your test have been or will be sent to the health care practitioner that ordered the test or tests. It is recommended that you contact your health care practitioner to discuss your results as soon as possible.

Please note: You may have already discussed these test results with your physician.

Your continued health care is important. To obtain a full report of the results of your diagnostic imaging examination please contact 215-955-7230 or your report is also available for viewing in MyChart.

If you do not currently have a primary physician and would like to schedule an appointment with one please call 1-800-JEFF-NOW.

Sincerely,

Thomas Jefferson University Hospitals - Department of Radiology

WEINERMAN PAIN & WELLNESS Physical Therapy Pain Management • Chiropractic Care

Brent Weinerman, D.O.

Board Certified in Osteopathic General Practice
Fellow to the American Academy of Disability Evaluating Physicians
Chairmen Medical Director of the City of Philadelphia Board of Pensions & Retirement

ONE PENN CENTER 1617 John F. Kennedy Blvd Suite 1100 Philadelphia, PA 19103

Hours: Mon-Thu 8AM-6PM Friday 9AM-5PM work: 215-988-9503 Fax: 215-988-9533